UNITED STATES DISTRICT COURT for the Eastern District of New York Benzor Shem Vidal Plaintiff(s) v. Civil Action No. 22-cv-5535 (CBA)(MMH) Advanced Care Staffing, LLC Clerk's Office Filed Date: 9/19/2022 U.S. DISTRICT COURT EASTERN DISTRICT OF NEW YORK BROOKLYN OFFICE Civil Action No. 22-cv-5535 (CBA)(MMH)

SUMMONS IN A CIVIL ACTION

To: (Defendant's name and address) Advanced Care Staffing, LLC 1000 Gates Avenue, 5th Floor Brooklyn, NY 11221

Defendant(s)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Hugh Baran Kakalec Law PLLC 195 Montague Street, 14th Floor Brooklyn, NY 11201

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Date: 09/19/2022



BRENNA B. MAHONEY CLERK OF COURT

s | Erica Fernandez

Signature of Clerk or Deputy Clerk

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PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

| was rec | This summons for (nanceived by me on (date) | me of individual and title, if ar | ıy) | |
|---------|--|-----------------------------------|---------------------------------|----------|
| | • | I the summons on the ind | lividual at (place) | |
| | | | on (date) | ; or |
| | ☐ I left the summons | ides there | | |
| | on (date), a person of suitable age and discretion who resides there, on (date), and mailed a copy to the individual's last known address; or | | | |
| | ☐ I served the summons on (name of individual) designated by law to accept service of process on behalf of (name of organization) | | | , who is |
| | designated by law to | accept service of process | on (date) | ; or |
| | ☐ I returned the sum | mons unexecuted because | e | ; or |
| | ☐ Other (specify): | | | |
| | My fees are \$ | for travel and S | for services, for a total of \$ | 0.00 |
| | I declare under penalty of perjury that this information is true. | | | |
| Date: | | _ | | |
| | | | Server's signature | |
| | | _ | Printed name and title | |
| | | - | Server's address | |

Additional information regarding attempted service, etc:

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